

**Ministry of Long-Term Care**

Long-Term Care Operations Division  
Long-Term Care Inspections Branch

**Hamilton District**

119 King Street West, 11th Floor  
Hamilton, ON, L8P 4Y7  
Telephone: (800) 461-7137

## Public Report

**Report Issue Date:** November 27, 2025

**Inspection Number:** 2025-1032-0003

**Inspection Type:**

Critical Incident

**Licensee:** Mississauga Long Term Care Facility Inc.

**Long Term Care Home and City:** Mississauga Long Term Care Facility,  
Mississauga

## INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): November 19-21, 24, 26-27, 2025.

The following intake(s) were inspected:

- Intake: #00160044/ Critical Incident (CI) #1078-000009-25 was related to infection prevention and control.
- Intake: #00160793/ CI #1078-000010-25 was related to alleged abuse.

The following **Inspection Protocols** were used during this inspection:

- Infection Prevention and Control
- Prevention of Abuse and Neglect

## INSPECTION RESULTS

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## WRITTEN NOTIFICATION: Plan of care

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: FLTCA, 2021, s. 6 (10) (b)**

Plan of care

s. 6 (10) The licensee shall ensure that the resident is reassessed and the plan of care reviewed and revised at least every six months and at any other time when,  
(b) the resident's care needs change or care set out in the plan is no longer necessary; or

A resident attained a new injury on a certain day but the required assessment was not conducted after the incident when the resident's care needs changed, till the next day.

**Sources:** Resident's records and interview with staff.

## WRITTEN NOTIFICATION: Skin and wound care

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 55 (2) (b) (iv)**

Skin and wound care

s. 55 (2) Every licensee of a long-term care home shall ensure that,  
(b) a resident exhibiting altered skin integrity, including skin breakdown, pressure injuries, skin tears or wounds,  
(iv) is reassessed at least weekly by an authorized person described in subsection (2.1), if clinically indicated;

Weekly skin assessments were not conducted, as required for a resident exhibiting altered skin integrity during the identified time period.

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**Sources:** Resident's records and interview staff.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

NC #003 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)**

Infection prevention and control program

s. 102 (2) The licensee shall implement,

(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

(a) The additional Personal Protective Equipment (PPE) requirements including appropriate selection, application, removal and disposal were not followed. On a specific day, a resident room had signage posted for additional contact precautions in place. A staff was noted wearing incorrect PPE while providing care to the resident.

**Sources:** Observation, interview with staff, Infection Prevention and Control (IPAC) Standard (revised September 2023), and Personal Protective Equipment policy.

(b) The routine practices, including the four moments of hand hygiene (before initial resident/resident environment contact; before any aseptic procedure; after body fluid exposure risk, and after resident/resident environment contact) were not followed when on a certain day, staff assisting residents before meal time failed to follow correct hand hygiene practices as required.

**Sources:** Observation, interview with staff, Infection Prevention and Control (IPAC)

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Standard (revised September 2023), and Hand Hygiene Policy.

## **WRITTEN NOTIFICATION: Infection prevention and control program**

NC #004 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 102 (9) (a)**

Infection prevention and control program

s. 102 (9) The licensee shall ensure that on every shift,

(a) symptoms indicating the presence of infection in residents are monitored in accordance with any standard or protocol issued by the Director under subsection (2); and

A resident had tested positive for an infectious disease and was placed in isolation. A review of their clinical records indicated that the resident was not monitored consistently for the presence of symptoms every shift as required during their isolation period.

**Sources:** Resident's clinical record and interview with staff.

## **WRITTEN NOTIFICATION: CMOH and MOH**

NC #005 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.

**Non-compliance with: O. Reg. 246/22, s. 272**

CMOH and MOH

s. 272. Every licensee of a long-term care home shall ensure that all applicable directives, orders, guidance, advice or recommendations issued by the Chief Medical Officer of Health or a medical officer of health appointed under the Health

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Protection and Promotion Act are followed in the home.

The cleaning and disinfecting principles were not followed in the home when on a certain day, the bathroom of a shared resident room was cleaned prior to disinfection of those rooms. Furthermore, same cloth was used for disinfecting high-touch surfaces in those rooms and hand hygiene principles were also not followed.

**Sources:** Observation, interview with staff, document: Recommendations for Outbreak Prevention and Control in Institutions and Congregate Living Settings (Effective February 2025), and LTCH's Environment Cleaning policy.